



STATE OF SOUTH CAROLINA
STATE REVOLVING FUND (SRF) PROGRAM
MONTHLY CONSTRUCTION INSPECTION REPORT

Project Sponsor: _____

Loan Number: _____

Inspection Month and Year: _____ Inspection No.: _____

Contractor: _____ Division: _____

Scheduled Construction Complete (%): _____ Actual Complete (%): _____

Brief Description of Monthly Construction Activity:

Overall Project Performance (Deficiencies, Quality of Construction):

Comments and/or Recommendations:

Change Order No.	Date Submitted to DHEC	Date Approved by DHEC

Subcontractors on Site	Construction Type

Inspector's Signature

Date

Submit one report for each contract and include with the DHEC Form 3585, Draw Request Form . Do not submit daily log sheets with this report. Submit to:

SCDHEC, Water Facilities Permitting Division, SRF Section, 2600 Bull Street, Columbia, SC 29201.